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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/723,247			ing Date 25/2003	☐ To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FIL	.ED I	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A		N/A		N/A	385	1	N/A		
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A	1	N/A		1	N/A		
EXAMINATION FEE (37 CFR 1,16(o), (p), or (q))			N/A		N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =		•		x s =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =			1	X \$ =		1	X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE is	heets of papes \$250 (\$125 additional 50 :	rings exceed 100 tion size fee due by) for each tion thereof. See to CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						]			1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	385	1	TOTAL		
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	02/03/2011	CLAIMS REMAININ AFTER AMENDME		HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1-16())	· 41	Minus	** 185	= 0	1	X \$26 =	0	OR	X \$ =		
	Independent (37 CFR 1.16(h))	• 4	Minus	***21	- 0	1	X \$110 =	0	OR	X S =		
	Application Size Fee (37 CFR 1.16(s))								Г			
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
ENT		CLAIMS REMAININ AFTER AMENDME	IG	HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1 160))		Minus		-	1	X \$ =		OR	X S =		
N	Independent (37 CFR 1 16(h))		Minus	***	-	1	x s =		OR	X S =		
AMENDMENT	Application Size Fee (37 CFR 1.16(s))					]			]			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
* If the entry in column 1 is less than the entry in column 2, write *0" in column 3.									OR	TOTAL ADD'L FEE		
"I the entry in column 1 is loss than the entry in column 2, wide 0" in column 3. Legal Instrument Examiner: "I the "Highest Mumber Previously Paid For IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPAC												

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a barref flat yfte public which is to file (and by the USPTO) to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of the time you require to complete his long and or suggestion for neducing the thindship, should be sent to the Cited information Officer. U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandrius, W. 22313-1450, D.O. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.